

Form No. UDM-75

Rev: 6-2-06

Building Permit Application



City Permit No.

Date	Applicant/Applicant's Representative (contact for questions, plan pickup, etc.)							Phone Number		
E-Mail Address (Optional)					Trust Account: Yes			Trust Account Number		
Permit Type:		rcial: ite Plan enant Improvement	Re	esidential: Custom Remodel	No.	Standard Plan No.: Elevation:			Other: Pool/Spa Gas/Elect Water Meter	
Project Address						City, State,	Zip	L		
Project Name										
Description of work to be performed										
Construction Area S.F. Pool S.F.		Pool S.F. (pool pe	ermit) T	ype of Const	ruction (e.g.	frame, block, etc.) No. o		of Stories Occupancy Class		
Assessor's Parcel No. Subdivision/Shopping Center N				ter Name			I.		Lot No.	
Property Owner Name						Phone Number		Fax	Fax Number	
Mailing Address						City, State, Zip Code				
Contractor Name				City Sales T	ax No.	Phone Number		Fax	Fax Number	
Mailing Address						City, State, Zip Code				
Water Meter is: New Inside City Limits Existing Outside City Limits			Domestic M	eter Size	Landscape Meter Size Service Line		vice Line Size			
Name						Phone Number				
Billing Address						City, State, Zip Code				
Applicant/Applicant's Representative/Owner's Signature Date						Total Construction Valuation (bid price, if applicable):				
Address/Date: Structura Zoning/Date: Inspector Building/Date: EPR:					/ Use	Ni				